

Placer County Department of Health &
Human Services
A Division of Environmental Health Services
Auburn Office
3091 County Center Dr. #180
Auburn CA 95603
(530) 745-2300 Fax (530) 745-2370
Tahoe Office
565 W. Lake Blvd., Tahoe City CA 96145
(530) 581-6240 Fax (530) 581-6242



Amount Paid \$
Date Paid:
Receipt #
Check #
CC Auth #

Application for Food Facility Plan Review

Facility Name: _____

Facility Address: _____

Owner's Mailing Address: _____
Street
City
State
Zip

Owner's Phone: _____ Is facility within city limits? ☐ Yes ☐ No

Water Supply / Serving Entity: _____

Sewage Disposal Type: ☐ Septic System ☐ Sewer – Entity Name: _____

CONTACT PERSON FOR PLANS: _____

Phone: () _____ Fax: () _____ Email: _____

Mailing Address: _____
Street
City
State
Zip

- ☐ Only one set of plans is required
- ☐ All plans must be easily readable and drawn to scale (minimum 1/4" per foot)
- ☐ Include equipment description sheets with your submittal.
- ☐ Attach proposed menu.

*Plans are reviewed in the order they are received. Plans will be accepted or rejected within 20 working days.
 You will be notified when your plans are approved or as to the status.
 Incomplete plans are put on hold until all requested information is received.*

***FOR CURRENT FEES CHECK THE FEE SCHEDULE**

Applicant's Signature _____ Date: _____

Check Type

☐
☐
☐

PLAN TYPE

New Food Facility, Major Remodel of Food Facility, or Preparation with Hood
 New/Minor Preparation without Hood, Minor Remodel of Food Facility
 Prepackaged Food Only or Minor Remodel (single piece of equipment)

(For Office Use Only)

Fee Disclosure Form Signed: ☐ Yes ☐ No Plans Date Stamped: ☐ Yes

Amount Paid	Date Paid	Receipt #	Check #	Check Date:
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OW# _____ FA# _____ PR# _____ PE# _____

Food Plan Check
PROJECT DESCRIPTION

Facility (Project) _____
City _____

Contact Person _____
Phone _____
Fax _____

PROJECT CATEGORY

- ☐ NEW CONSTRUCTION (new building & new food facility)
☐ EXISTING BUILDING - New Food Facility (TI)
☐ REMODEL / EXISTING FOOD FACILITY

Changes To:

☐ Menu ☐ Equipment ☐ Sinks ☐ Ex. Hood ☐ Floor Surface
☐ Operation ☐ Structures ☐ Plumbing ☐ Other _____

Seating Capacity

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Food/Beverage Consumed On Premises | <input type="checkbox"/> 0-49 Seats |
| <input type="checkbox"/> Single Service Eating/Drinking Utensils | <input type="checkbox"/> 50-100 Seats |
| <input type="checkbox"/> Multi-use Eating/Drinking Utensils | <input type="checkbox"/> > 100 Seats |

DESCRIPTION OF PROJECT

1. Briefly describe the scope of your project. Include type of foods, service, operation, equipment.
(Use additional pages if necessary)

2. If Remodel, briefly describe the project. Include what areas will and will not be affected i.e. equipment, seating, walls, foods, operation, etc.. (Use additional pages if necessary)
